

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** EARLHAM COLLEGE

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_  
\_\_\_\_\_

**Address of Service Provider:** NATIONAL ROAD WEST, RICHMOND IN, 47374

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** LEN CLARK, PROVOST

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

DRAWER 66, EARLHAM COLLEGE, RICHMOND IN 47374

**Telephone Number of Designated Agent:** 765 983 1318

**Facsimile Number of Designated Agent:** 765 983 1616

**Email Address of Designated Agent:** LenC@Earlham.edu

**Sig:** \_\_\_\_\_ **Representative of the Designating Service Provider:**

**Date:** 12/11/98

**Typed or Printed Name and Title:** LEN CLARK, PROVOST

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

Mail to:

Copyright GC/I&R  
P.O. Box 70400  
Southwest Station  
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